

The
Indiana Department of
Veterans Affairs
Update
for
May 2012



Director's Comments



The **Indiana Department of Veterans Affairs** is proud to announce its partnership with Affiliated Service Providers of Indiana, Inc., (ASPIN) in the Indiana Veterans Behavioral Health Network. IVBHN was formed in May 2009 as a result of a Health Resources and Services Administration (HRSA) planning grant. It is a network that brings key partners together to improve behavioral health and well-being among Indiana's rural veterans and their families through increased access to behavioral health care services. HRSA has awarded \$536,600 in funds to ASPIN to be used over a three year period to support increased access to veteran behavioral health services provided at the Roudebush VA Medical Center in Indianapolis.

The **Mission** of the Indiana Veterans Behavioral Health Network is to work to increase accessibility of veterans to services, to streamline referral and reimbursement processes, and to create a matrix of family care that meets the needs of rural veterans. This includes counseling and/or therapy for veterans suffering Traumatic Brain Injuries (TBI) and/or Post-Traumatic Stress Disorder (PTSD).

It was announced during a teleconference on April 27 that the Hamilton Center in Bloomfield and Centerstone in Rushville will begin taking patient referrals from the Roudebush VAMC the week of May 7. The Hamilton Center will see veteran patients on Monday afternoons and Centerstone on Thursday afternoons.

The patients will be VA patients who will be doing their follow-on appointments with their VA behavioral health clinician via telehealth equipment at the rural sites. For the most part, this will save the veteran a trip to Indianapolis, thus improving the "no show" rates of the rural veterans. If veterans who are not yet in the VA system approach any of the centers, the centers have been advised how to help the veteran make contact with Roudebush VA. The VA even allows them to apply online for benefits.

The other Partners along with IDVA are: the Roudebush VA Medical Center; the Indiana National Guard; the Indiana Rural Health Association; the Military Family Research Institute (MFRI); and the U.S. Department of Labor.

Spring Conference

The IDVA spring CVSO Conference is scheduled for June 5 to 7 at the Marriott Inn - East at 7202 East 21st Street, Indianapolis, Indiana 46219. Toll-free reservations: 800-228-9290. Attendees should call Noelle Wikert at 317-232-3922 to confirm attendance. Registration fee of \$50 per office is required to help defray the cost of the conference. This conference is **mandatory** for County Veterans Service Officers in order for them to be certified to assist county veterans.

The **Jon Brinkley Memorial Golf Outing**, which always kicks off the Conference, will be held on Monday, 4 June, at the Pleasant Run Golf Course, 601 N. Arlington Ave., Indianapolis, In. 46219. Tee Time: 10 a.m. (firm). Registration starts at 9 a.m. Entry Fee \$28 (regular) and \$25 (seniors - age 62 and over). Fees include green fees and ½ golf cart. Green fees should be paid to the course.

Hoosier Women Veterans Conference

The conference was a huge success. Held at the new Lawrence National Guard Armory at Fort Benjamin Harrison, on Saturday, April 14, we received much positive feedback. Thanks to Ashley Roberts, Summer Tacy, and the entire HWV Committee.

POSITIONS OPEN AT ST. VINCENT HEALTH

The following is taken, with permission, from the St. Vincent web site.

St. Vincent Health is one of the largest employers in the state of Indiana with more than 13,000 associates, meaning whatever your specialization and whatever your professional goals the sky is the limit.

St. Vincent Health has been serving the health care needs of Indiana residents for more than 126 years. Our health ministry consists of 20 facilities, with a direct presence in 46 Indiana counties. The system is comprised of one quaternary facility, three tertiary hospitals, six critical access hospitals, six specialty hospitals, several joint venture partners and clinical affiliates.

A philosophy of strong partnerships with businesses, communities, physicians, associates and others is regarded by St. Vincent Health as essential to improving the health status of Hoosiers.

As advocates for a healthier society, we have developed strong partnerships with communities and individuals who share compatible values. We believe that health care should be kept local, which is why we have extended our reach beyond urban areas such as Indianapolis, Kokomo, and Anderson, and into rural communities where health services are often scarce.

Please visit our web site to search and apply for opportunities of interest at www.stvincent.org/jobs. St. Vincent Health is an Equal Opportunity Employer.

THE MOVING WALL

VIETNAM VETERANS MEMORIAL



MAY 17-21
Fort Harrison, Indiana
(Open 24 hrs a day)
HUEY Helicopter Fly-In
Opening Ceremony: May 17, 7PM
with Lawrence Mayor Jessup
Brought to you by The Fort Harrison Veterans Center
Vietnam Veterans of America, Chapter 295



Active Duty Strength Figures

The following strength figures were forwarded to me by the Defense Manpower Data Center and reflect the number of men and women from Indiana who were serving on active duty as of 28 February 2012:

Service	Gender		Total
	Female	Male	
Army	878	9,277	10,155
Navy	678	4,479	5,157
Marine Corps	238	3,824	4,062
Coast Guard	64	412	476
Air Force	466	3,061	3,527
Totals	2,327	21,053	23,377

Military Retirees

The following figures were forwarded to me by the Defense Manpower Data Center and reflect the number of men and women from Indiana who reported Indiana as their Home Address over the period shown:

Date of Report	Gender			Total	Growth from last report
	Male	Female	Unknown		
Dec 2011	23,771	1,166	127	25,064	Up 153
June 2011	23,665	1,118	128	24,911	Up 77
Dec 2010	23,617	1,087	130	24,834	Up 170
June 2010	23,501	1,032	131	24,664	Up 56
Dec 2009	23,328	1,010	270	24,608	

Note: Military retiree population has grown by 456 persons over the past 2-½ years.



As of April 17, 2012, Indiana had 1,171 men and women deployed from the Army National Guard and the Army Reserve for Operation Noble Eagle, Operation Enduring Freedom or Operation New Dawn.

Since 9/11/2001 18,722 Hoosiers have been mobilized for the Global War on Terror and another 3,573 for domestic missions, for a total of 22,295 deployments.



Department of Local Government and Finance Rules on Use of Property Tax Deduction

On April 5 we shared with the County Veterans Service Officers the opinion of an attorney with the Department of Local Government and Finance (DLGF) concerning the use of any remaining property tax deduction entitlement against the license excise tax on the veterans license plates. The exact Indiana Code is provided here, which says in order to get the credit, the veteran must be entitled to the tax deduction under specific other Indiana Codes. Those codes say, in essence, that the veteran may be entitled to a deduction if the “assessed value of the taxable tangible property that the individual owns, or real property, a mobile home not assessed as real property, or a manufactured home not assessed as real property that the individual is buying under a contract...” In short, that means the veteran must own or be buying the kind of property outlined above. If he or she does not fit in that category, they are not eligible for the deduction and therefore would not have a deduction to apply towards their license plate excise tax.

IC 6-6-5-5

Amount of tax credit against tax

Sec. 5. (a) The amount of tax imposed by this chapter shall be based upon the classification of the vehicle, as provided in section 4 of this chapter, and the age of the vehicle, in accordance with the schedule set out in subsection (c) or (d).

(b) **A person who owns a vehicle and who is entitled to a property tax deduction under IC 6-1.1-12-13, IC 6-1.1-12-14, IC 6-1.1-12-16, or IC 6-1.1-12-17.4 is entitled to a credit against the annual license excise tax as follows: Any remaining deduction from assessed valuation to which the person is entitled, applicable to property taxes payable in the year in which the excise tax imposed by this chapter is due, after allowance of the deduction on real estate and personal property owned by the person, shall reduce the annual excise tax in the amount of two dollars (\$2) on each one hundred dollars (\$100) of taxable value or major portion thereof. The county auditor shall, upon request, furnish a certified statement to the person verifying the credit allowable under this section and the statement shall be presented to and retained by the bureau to support the credit.**

New Rule for ALS (Lou Gehrig's Disease) Awards 100% Service-Connection

From the Indiana Department of Veterans Affairs Quick Reference Guide (QRG) for 2012:

ALS (LOU GEHRIG'S DISEASE)

The Department of Veterans Affairs (VA) published an interim final rule in the Federal Register on September 23, 2008 establishing a presumption of service connection for ALS for *any* veteran with at least 90 continuous days of active duty service who develops ALS *any* time after separation from service. The new regulation is effective immediately and applies to all applications for benefits received by VA on or after September 23, 2008. The regulation also applies to claims pending before VA or one of the various appellate courts on the effective date of the interim final rule. An older rule had established a presumption of service connection with the disease for veterans who developed ALS within a year of their separation from service. Veterans diagnosed with ALS, including those whose claims were denied in the past, or the surviving spouse of a veteran who died as a result of ALS, are encouraged to contact their County Veterans' Service Office.

Effective 1/19/12 the law changed where all veterans who have received a clear diagnosis of ALS-Lou Gehrig's Disease (not PLS-Primary Lateral Sclerosis or any other form of motor neuron disease) who served on active military duty only (not those on ADFT only, not the Reserves or National Guard, unless they were ordered to active duty under Title 10 and met the criteria for being on active duty for the prescribed period of time) are granted 100% SC. Also if a veteran was granted SC for ALS prior to that date and the VARO rated them less than 100% they were increased to the 100% level effective 1/19/12 regardless of their level of disability at the time.

Any veteran can be rated for ALS, not just veterans of the Vietnam War.



State Approving Agency Updates

GI Bill Awareness

Know Before You Go and Know Before you Owe were the themes of President Obama's recently signed Executive Order that attempts to protect veterans, service members, and their families from deceptive marketing practices by educational institutions that target them for their federal education benefits.

"Since the Post-9/11 GI Bill became law, there have been reports of aggressive and deceptive targeting of service members, veterans, and their families by educational institutions, particularly for-profit career colleges," the White House said in a release.

The Executive Order, signed on April 27, 2012, will apply to a variety of military and veteran education benefits, including the GI Bill, Tuition Assistance Program, and Military Spouse Career Advancement Account Program (MyCAA). The order will:

- ☐ Help ensure military and veteran students have the information they need. Colleges will be required to provide more information about their outcomes and financial aid options for students, helping them to be aware of the true cost and likelihood of completion prior to enrolling. The "Know Before You Owe" financial aid form will be required at schools which accept GI Bill benefits.
- ☐ Keep bad actors off of military installations. The Department of Defense will be required to set forth rules for how educational institutions gain access to military installations, so service members are not targeted by institutions known for having a history of poor behavior in recruiting and marketing practices.
- ☐ Crack down on improper online recruiting practices. Many websites with military and veteran themes are created to give information on the GI Bill, but they are often leave generators that direct students to for-profit schools. The VA will begin the process to register the term "GI Bill," so external websites and programs are not deceptively and fraudulently marketing educational services and benefits.
- ☐ Provide veterans with a centralized complaint system.
- ☐ Improve support services for service members and veterans. Colleges will provide clear educational plans for students, academic and financial counseling services, and the ability to re-enroll and/or receive a refund if they must leave school for service-related reasons.
- ☐ Provide students with better data on educational institutions. Retention and completion rates of veterans and service members will be tracked to provide a more accurate picture of what success looks like for students like them.

Schools which fully comply with federal rules will be listed on the VA's GI Bill website.

The Indiana Operation Enduring Freedom/ Operation Iraqi Freedom/Operation New Dawn Memorial Wall

Indiana has sustained the following casualties since the last
IDVA Update, bringing the total for Indiana to 193



United States Army Staff Sergeant **Jamie D. Jarboe**, 27, of Frankfort, Indiana.

Died March 21, 2012 in Topeka, Kan., from injuries suffered April 10, 2011, when a sniper's bullet hit him while he was on a foot patrol in southern Afghanistan.

SSG Jarboe was assigned to A Troop, 1st Platoon, 4th Squadron, 4th Cavalry Regiment, 1st Infantry Division based out of Fort Riley, Kan.

He was deployed Feb. 28, 2011, to Forward Operating Base Wilson, which is near the city of Kandahar. He also has two previous deployments to Iraq, where he won a Combat Action Badge.

Jarboe was a 2003 Frankfort High School graduate.



United States Army Specialist **David W. Taylor**, 20, of Dixon, Kentucky, whose mother resides in Poseyville, Indiana,

Died Mar. 29, 2012 in Kandahar province, Afghanistan.

He was assigned to the 2nd Battalion, 508th Parachute Infantry Regiment, 4th Brigade Combat Team, 82nd Airborne Division, Fort Bragg, N.C.



United States Army Staff Sergeant **David P. Nowaczyk**, 32, of Dyer, Indiana.

Died April 15, 2012 in Kunar Province, Afghanistan, in support of Operation Enduring Freedom.

SSG Nowaczyk was assigned to A Company, 2nd Battalion, 12th Infantry Regiment, 4th Infantry Division, Fort Carson, Colorado.



New VA Initiatives to Improve Benefits Delivery to Veterans and Families

VA to Deploy New Operating Model for Disability Claims to 12 Additional Regional Offices in Fiscal Year 2012

WASHINGTON – April 16, 2012 - The Department of Veterans Affairs announced today the national deployment of claims transformation initiatives to 12 regional offices in the remaining months of fiscal year 2012 to improve benefits delivery to Veterans, families and their survivors.

"This is an important milestone in our transformation to achieve the goal we established in 2009 of processing all disability claims within 125 days at a 98 percent accuracy level in 2015," said Secretary of Veterans Affairs Eric K. Shinseki.

The 12 regional offices to begin the deployment of the transformation initiatives include: Huntington, W.Va.; Hartford, Conn.; Portland, Ore.; Houston, Texas; Cleveland, Ohio; Des Moines, Iowa; Boise, Idaho; Phoenix, Ariz.; New Orleans, La.; San Juan, Puerto Rico; Atlanta, Ga.; Newark, N.J. This deployment follows four pilot programs at Indianapolis, Ind., Wichita, Kan., Milwaukee, Wis., and Fort Harrison, Mont., in 2012.

VA's transformation plan is based on more than 40 measures that were selected, evaluated, tested and measured from over 600 stakeholder and employee innovation ideas.

"This national deployment, consisting of people, process and technology initiatives, follows comprehensive planning and testing to ensure we have the right recipe for success," added Under Secretary for Benefits Allison A. Hickey.

During the national deployment, VA will further track and gauge the integrated effects of the transformation plan to reduce the backlog of disability claims and provide Veterans, their families, and survivors with more timely and accurate claims decisions. VA expects to deploy the transformation plan to the remaining 40 regional offices throughout calendar 2013.

The major components of the transformation plan that will be nationally deployed include:

- The Intake Processing Center, which adds a formalized process for triaging claims documents and other mail, and drives faster and more accurate association of mail with Veterans' claims files;
- Segmented Processing Lanes, which allow claims that can be more easily rated to move quickly through the system and the more complex claims to be processed by VA's more experienced and skilled employees;
- Cross-Functional Teams, which support a case-management approach to claims processing that minimizes rework and reduces processing time; and
- The Veterans Benefits Management System, which is a new electronic claims processing system that employs rules-based technologies to improve decision speed and quality.

VA has already nationally implemented:

- Quality Review Teams, which are composed of dedicated local quality review specialists who will evaluate station and individual employee performance and conduct in-process reviews to eliminate errors at the earliest possible stage.
- Simplified and Standardized Rating Notification Letters, which give Veterans one simplified decision letter that provides notice of VA's decision, including a summary of the evidence considered and the reason for the decision.

VA provides compensation and pension benefits to more than four million Veterans, family members and survivors. Veterans filing claims may file online through eBenefits, a joint project between the Department of Defense and VA, at <https://www.ebenefits.va.gov>. They can check the status of their claim with a Premium eBenefits account, and use a growing number of online services or contact VA Call Centers for more information at 1-800-827-1000.

Research Roundtable Caps VA Celebration of Women's History Month

WASHINGTON — April 2, 2012 - Improving the health and health care of women Veterans is a high priority within the Department of Veterans Affairs, said a panel of leading researchers on March 27.

"VA is committed to serving women Veterans and it is our privilege to do so," said Secretary of Veterans Affairs Eric K. Shinseki. "We are honored to sponsor research that supports the outstanding care our women Veterans have earned and deserve."

VA's research commitment is multidisciplinary, covering the areas of biomedical, clinical, health services, and rehabilitation. To meet the needs of a growing, diverse demographic that spans all generations of women Veterans — from an aging population of WWII Veterans to those returning from Iraq and Afghanistan—the pace of research activity in recent years has greatly accelerated.

"From building an extensive research network that supports top notch investigators to providing a strong foundation of knowledge for quality care, VA is addressing the diverse health care needs of this fastest growing segment of the Veteran population," said Dr. Joel Kupersmith, VA chief research and development officer, who was the opening speaker.

Between 2004 and 2008, more research on the health of women Veterans was published than in the previous 25 years combined. Today, VA supports a significant amount of research on a wide variety of health issues faced by women. In fiscal year 2011, the agency funded 60 studies for a total investment of more than \$12 million.

VA women Veteran's health research focuses on:

- Returning combat women Veterans – gender differences with regard to Post-traumatic Stress Disorder (PTSD), post-deployment behaviors, and reintegration;
- Understanding barriers and improving access to VA health care for women Veterans;
- Long-term health outcomes of women who served during the Vietnam era;
- Expanding mental health research including PTSD, substance abuse, and sexual trauma; and
- Basic research (biomedical) on breast cancer including hormones, regulation, genetic factors, as well as autoimmune diseases.

To bolster support for investigators conducting women's health services research, as well as recruitment and inclusion of women Veterans in a wider array of studies, VA Health Services Research and Development (HSR&D) launched the Women's Health Research Network (WHRN).

The WHRN includes two partnered components: the Women's Health Research Consortium providing training and mentorship to researchers focusing on women's health research, and the Women's Health Practice-based Research Network supporting clinical research networks that test VA-based women's health-related interventions and studies requiring recruitment of women Veterans at multiple sites. The former is headed by Elizabeth Yano, Ph.D., M.S.P.H.; the latter by Dr. Susan Frayne, M.P.H.

"Excellence in health care begins with excellence in research" said Dr. Robert A. Petzel, VA's under secretary for health. "VA research has put together a solid infrastructure that supports quality health care for women Veterans."

Joining Kupersmith to discuss the ways VA research improves the health of women Veterans were Dr. Sally Haskell, acting director of Comprehensive Women's Health for the Women Veterans Health Strategic Health Care Group, and three leading researchers: Elizabeth Yano, co-director of the VA Health Services Research and Development Center for the Study of Healthcare Provider Behavior at the VA Greater Los Angeles

Continued on next page

Healthcare System; Susan Frayne, associate director for development and staff physician at the Women's Health Center of Excellence, VA Palo Alto Healthcare System; and Dr. Donna Washington, M.P.H., program area lead, Women's Health and Equity Strategic Program, HSR&D Center of Excellence for the Study of Healthcare Provider Behavior and staff physician at the VA Greater Los Angeles Healthcare System. The media roundtable culminated a month of activities sponsored by VA to recognize Women's History Month. It is the third in a series of media roundtables sponsored by VA's Office of Research and Development. For more information about other roundtables, see www.research.va.gov/media_roundtable. For more information on VA Research, visit www.research.va.gov.

VA Eliminates Copayment for In-Home Video Telehealth Care

WASHINGTON - Beginning May 7, the Department of Veterans Affairs will no longer charge Veterans a copayment when they receive care in their homes from VA health professionals using video conferencing.

"Eliminating the copayment for this service will remove an unnecessary financial burden for Veterans," said Secretary of Veterans Affairs Eric K. Shinseki. "We will continue to do everything we can to ensure that Veterans have access to the first-class care they have earned with their service to our Nation."

This change will primarily benefit Veterans with limited mobility, such as spinal cord injury patients. Whenever medically appropriate, VA will make the home the preferred place of care for Veterans to ensure timely and convenient access to VA services.

For more information about telehealth, visit: <http://www.telehealth.va.gov/>.

Data have shown that expanded use of technology in the home enables patients with chronic health conditions, such as diabetes, chronic heart failure and hypertension, to live independently, actively engage in managing their health, and prevents avoidable hospitalization of patients who otherwise may need long-term institutional care.

Home telehealth does not replace the need for nursing home care or for traditional non-institutional care programs. However, it enhances the ability for many veterans to better understand and manage chronic diseases. This partnership with their care team helps delay the need for institutionalization and enables them to maintain independence for an extended period of time, thus improving their overall quality of life.



May 15, 2012

Women Veterans Task Force Draft Plan Released ***VA Seeks Public Comment on Strategies***

WASHINGTON – The Department of Veterans Affairs is releasing for public comment a draft of its strategic report to address key issues facing women Veterans. The plan outlines steps for improvements to care and services for women Veterans that are sustainable, accountable and a part of the department's culture and operations.

"Expanding care and services to women Veterans is too important to limit ourselves solely to the views within the department, so we are seeking feedback from all stakeholders, most importantly women Veterans themselves," said Secretary of Veterans Affairs Eric K. Shinseki. "The VA must be visionary and agile enough to anticipate and adjust not only to the coming increase in women Veterans, but also to the complexity and longevity of treatment needs."

Shinseki formed a task force to develop an action plan to address women Veterans' issues. Since then, the group has conducted a broad survey of department experts to identify those issues and organize them by priority. The draft report is an interim step prior to VA finalizing its overall plan.

The report comes at an important juncture in VA's history that demands a review of the quality, quantity, and types of services and programs it provides to women Veterans. The number of women Veterans using VA has increased 83 percent in the past decade, from about 160,000 to over 292,000 between fiscal years 2000 and 2009, compared with a 50 percent increase in men.

Women are now the fastest growing cohort within the Veteran community. In 2011, about 1.8 million or 8 percent of the 22.2 million Veterans were women. The male Veteran population is projected to decrease from 20.2 million men in 2010 to 16.7 million by 2020. In contrast, the number of women Veterans will increase from 1.8 million in 2011 to 2 million in 2020, at which time women will make up 10.7 percent of the total Veteran population.

VA is training providers in basic and advanced topics in women's health through mini-residencies, and over 1200 providers have currently received training. Comprehensive women's health care can be provided within three different models of care, including comprehensive women's clinics; separate, but shared, space women's clinics; or integrated primary care clinics. All of these clinic models ensure that women receive all of their primary health care (prevention, medical, and routine gynecologic care) by a single primary care provider. A network of medical directors and program managers who coordinate care for women Veterans now encompasses all 153 medical centers in the VA Health Care System.

The public notice and instructions for how to submit comments will be posted at www.regulations.gov. The draft written report will be open for comment for 30 days, and responders will have a number of options to provide both electronic and written feedback. Readers will also be able to participate in a public discussion board on the Internet at: <http://vawomenvetstratplan.uservoice.com/forums/159415-general>.

To view the report without making recommendations, please visit VA's website at: http://www.va.gov/opa/publications/Draft_2012_Women-Veterans_StrategicPlan.pdf.



Honor Flight Network is a nonprofit organization created solely to honor America's veterans for all their sacrifices by flying them to Washington, DC to reflect at their memorials. Top priority is given to WWII survivors along with other veterans who are terminally ill. *Honor Flight Northeast Indiana, Inc.*, a regional nonprofit, volunteer organization, is a new hub of this growing Network. It is established to fly and escort NE Indiana WWII veterans directly from Fort Wayne to Washington DC. Private motor coaches will be standing by to transport them to their Memorial, as well as other memorial stops throughout the day. Then...back to the airport for a flight home the same evening.

Why Honor Flight?

The World War II Memorial in Washington DC was completed and dedicated in May 2004. It is a long overdue "Thank You" to the men and women who sacrificed so much for our freedom, and a memorial to those who made the ultimate sacrifice. It was so long overdue that many WWII survivors have been unable to visit their memorial due to the barriers of advanced age, such as health matters, stamina, finances, or other travel impediments. Honor Flight provides a way for many of these veterans to visit and reflect at their memorial.

WWII veterans pay nothing for this trip. They have given enough. Honor Flights are funded by community donations from generous individuals, corporations, foundations, and other groups who wish to be an important part of honoring these heroes. The cost is also defrayed in part by Honor Flight volunteer "guardians," who not only make a substantial donation, but honor veterans in a very personal way, escorting them and being there to help as needed throughout the day.

HONOR FLIGHT NORTHEAST INDIANA

Why Northeast Indiana?

Travel is even more difficult for veterans who live in areas where direct commercial flights to DC are not available. In areas such as NE Indiana, charter flights are the answer.

Why Now?

There is already a waiting list of WWII veterans in the NE Indiana region who have applied for an Honor Flight trip. Underscoring the urgency of this program is the unfortunate fact that time is limited for our WWII heroes. **WWII veterans are dying at a rate of more than 1000 every day.**

Volunteers

Volunteers are needed as guardians for flights, for help with ground operations, fund raising, and various other administrative tasks. If you are interested in volunteering, please email honorflightnei@gmail.com or call our contact number below.

What Can We Do To Help?

Donations*

Donations are critical. These flights of honor are impossible without help from generous donors.

Please make checks payable to:
Honor Flight NE Indiana
Mail to:
PO Box 5
Hunterstown, IN 46748

Prayers

Whether or not you can make a donation or volunteer your time, we ask for your prayers.

Prayers for guidance and success with this program, and especially for safe travel for our veterans and volunteer guardians.

Please contact us about in kind donations.

** Exception—Attention WWII veterans: We do not solicit nor wish to accept personal donations from WWII veterans. You have given enough. This trip is a small token of appreciation from those of us you fought to protect. Please allow us that privilege.*

WWII Veterans

If you have not yet had the opportunity to visit your memorial and would like to join other veterans for an Honor Flight to DC, please submit an application. Veterans are selected according to the date the application is received.

Applications

Veteran and volunteer applications are available on our website: www.hfnei.org

Or contact us by email: honorflightnei@gmail.com or phone (260) 633-0049.

Honor Flight Northeast Indiana, Inc. is a 501(c)3 organization. Donations are tax deductible to the full extent allowed by law. Please consult your tax professional for advice.

Thank you for your consideration.



Are you a Veteran?
Looking for a job?
Need benefits?

VETERAN HIRING FAIR & OPEN HOUSE

JUNE 26 - 28, 2012

10:00AM to 7:00PM

Detroit's COBO Center
One Washington Boulevard
Detroit, MI 48226

Veterans → Register Now:
VAforVets.VA.gov/Detroit

More than a typical *Hiring Fair*:

- Onsite interviews with federal agencies and private sector employers
- Training in federal resume building and successful interview techniques
- Career coaching
- All experience levels and career types welcome.
- ♦ Veterans from Michigan who need their DD214 can contact MVTF at 517.373.3130

Prepare For Hiring Event Success!
Call 1-855-VA4Vets to start
working with a coach today!

This event is **FREE** for Veterans
seeking jobs.

More than a Typical Open House:

This VA hosted event will showcase:

- Wide variety of innovative services provided to Veterans, including Federal benefits (both financial and health), state, local and faith-based organizations
- Onsite medical exams will be available for eligible Veterans
- Electronic access to benefits and medical record via eBenefits and MyHealtheVet
- Find out about Virtual Care (access to medical care through telephonic means) and other cutting edge services
- Get your questions answered...face to face

This event is **FREE** for attendees.
Come see what YOUR VA has to offer!





NATIONAL VETERAN SMALL BUSINESS Conference and Expo

Building Partnerships - Veterans, Businesses, and Government

2012 National Veteran Small Business Conference and Expo

The Department of Veterans Affairs is excited to host the
National Veteran Small Business Conference and Expo

JUNE 26 - 29, 2012

Detroit's COBO Center
One Washington Boulevard
Detroit, MI 48226

The Largest Nationwide Conference of its Kind!

Focused on helping Veteran-owned
businesses maximize opportunities in the
federal marketplace.

**Join nearly 6,000 participants in Detroit for
the opportunity to:**

- Connect with procurement decision makers from other businesses and federal agencies
- Expand knowledge through over 200 training and business requirement sessions
- Engage with other attendees and gain visibility in the Expo Hall of nearly 500 booths
- Use VetGovPartner to facilitate online and on-site networking including face-to-face sessions with senior procurement decision makers

National Veteran Small Business Conference and Expo REGISTRATION FEES

Advance Registration - until 6/20/2012
Small Business: \$375
Non-Profit Business/Organizations: \$390
Federal/Government Agencies: \$400
Large Business: \$400

After 6/20/2012 (5pm EST)
Small Business: \$450
Non-Profit Business/Organizations: \$465
Federal/Government Agencies: \$475
Large Business: \$475

Please see conference site for details:
www.nationalveteransconference.com

HOTEL RESERVATIONS

Hotel reservations for attendees, exhibitors, and sponsors **MUST** be booked directly through the conference online lodging reservation system (do not contact hotels directly).

www.nationalveteransconference.com

The deadline for room reservations is **WEDNESDAY, MAY 23, 2012.**